
QUESTIONNAIRE

for

LEGISLATIVE APPOINTMENTS



FOR THE SPEAKER'S APPOINTMENT OFFICE
420 The Capitol, Tallahassee, Florida 32399

Speaker's Appointments Application Form

The information from this form is required to meet state reporting standards and will be used by the Florida House of Representatives only for this purpose. This form will be used to provide demographic statistics as required by law and is not requested for the purposes of discriminating on any basis.

Please type or use black ink.

Date Completed: _____

Name: _____

Mr./Mrs./Ms. Last First Middle/Maiden

Business Address: _____

Street Office #/Suite City

Post Office Box State Zip Code Area Code/Phone Number

Email Address Fax Number

Residence Address: _____

Street City County

Post Office Box State Zip Code Area Code/Phone Number Fax Number

Which is your preferred contact address? Business () _____ Home () _____

Date of Birth _____ Social Security Number _____

Driver License Number _____ Place of Birth _____

List all places of residence for the past five (5) years.

Address	City and State	From	To

List all former and current residences outside of Florida that you have maintained at any time during adulthood.

Address	City and State	From	To

Have you ever used or been known by any other legal name? Yes () No () If "Yes" explain

Are you a United States citizen? Yes () No () If "No" explain

If you are a naturalized citizen, date of naturalization: _____

Since what year have you been a continuous resident of Florida? _____

Are you a registered Florida voter? Yes () No () If "yes" list:

County of Registration _____ Current party affiliation: _____

Education

A. High School: _____ Year graduated: _____

B. List all post secondary educational institutions attended:

Name and Location

Dates Attended

Certificates/Degrees Received

Are you or have you ever been a member of the United States armed forces? Y () N ()

If "Yes" list:

A. Dates of service: _____

B. Branch or component: _____

C. Date and type of discharge: _____

Have you ever been arrested, charged, or indicted for violation of any federal, state, county or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) If "Yes" give details:

Date

Place

Nature

Disposition

Concerning your current employer and for all of your employment during the last five years, list your employer's name, business address, type of business, occupation or job title, and periods of employment:

Employer Name and Address

Type of Business

Occupation/Title

Period of Employment

Have you ever been employed by any state, district, or local government agency in Florida?
Yes () No () If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

Position

Employing Agency

Period of Employment

State your experiences and interests or elements of your personal history that qualify you for this appointment.

Have you received any degrees, professional certifications or designations related to the subject matter of this appointment? Yes () No () If "Yes", list:

Identify all association memberships and association offices held by you that relate to this appointment:

Do you currently hold an office or position (appointive, civil service or other) with the federal or any foreign government? Yes () No () If "Yes", please list:

Have you ever been elected or appointed to any public office in this state? Yes () No () If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, or federal):

Office Title

Date of Election or Appointment

Term of Office

Level of Government

If your service was on an appointed board, committee or council:

A. How frequently were meetings scheduled?

B. If you missed any meetings, state the number attended, number missed and the reason for absences.

Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes () No () If "yes", give details:

Date

Nature of Violation

Disposition

Have you ever been suspended from any office by the Governor of the State of Florida?

Yes () No () If "Yes", list:

Title of Office _____ Reason for Suspension _____

Date of Suspension _____ Result: Reinstated () Removed () Resigned ()

Have you ever been refused a fidelity, surety, performance or other bond? Yes () No ()

If "yes", explain:

Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes () No () If "yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action, (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

License/Certificate

Original Issue Date

Issuing Authority

Disciplinary Action/Date

Title and Number

Have you, or businesses of which you have been an owner, officer or employee, held any contractual or other direct dealings during the last four years with any state or local government agency in Florida? Yes () No () If "yes", explain:

Name of business

Your relationship

Business relationship to agency

Have members of your immediate family (spouse, child, parents, siblings, or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four years with any state or local government agency in Florida? Yes () No () If "Yes", explain:

Name of business

Family relationship

Family relationship to business

Business relationship to agency

Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five years? Yes () No ()

A. Did you receive any compensation other than reimbursement for expenses? Y () N ()

B. Name of agency or entity you lobbied and the principals you represented:

Agency Lobbied

Principal Represented

List three persons who have known you well during the past five years. Include a current, complete address and telephone number. Exclude your relatives.

Name

Mailing Address

Zip Code

Area Code/Telephone Number

Do you know of any reason why you will not be able to attend fully the duties of the office or position to which you have been or potentially will be appointed? Yes () No () If "yes", explain:

If required by law or administrative rule, will you file financial disclosure statements? Yes () No ()

1. Board of Interest: _____

2. Current Employer or Occupation: _____

3. Are you applying for reappointment: Yes () No ()

4. Sex: Male () Female ()

5. Race: White () Native American-Alaskan Native ()

Hispanic-American () Asian/Pacific Islander ()

African-American ()

6. Do you have a disability? Yes () No () If yes, please describe your disability if it is relative to the position you are seeking.

6. Are you now, or have you within the past three years, been a member of any club or organization that, to your knowledge, in practice or in policy, restricts membership or restricted membership during the time that you belonged, on the basis of race, religion, national origin or gender? If so detail the name and nature of the organization, relevant

policies and practices, and state whether you intend to continue as a member if appointed by the Speaker.

ADDENDUM

1. Have you ever been the object of E.E.O.C. (Equal Employment Opportunity Complaint) or any civil action based upon discrimination in the work place? If yes, explain.
2. Are there any pending lawsuits against you or are you a party to a law suit in any court in which you are the plaintiff or defendant? If yes, what type and where?
3. Have any judgments been entered against you based upon E.E.O.C. Complaints?
4. Have you ever been asked to resign from any form of employment? If yes, explain.
5. Have you ever been terminated from any form of employment? If yes, explain.
6. Are you now engaged in activities, or have you engaged in activities in the past that will reflect unfavorably on the board, commission, or council to which you seek appointment?
7. Is there anything that you were not questioned about in your application that you should make known to us at this time that impugns your integrity, character and fitness for the position you are seeking?

CERTIFICATION

STATE OF FLORIDA, COUNTY OF _____

Before me, the undersigned Notary Public of Florida, personally appeared _____, who after being duly sworn, say: 1) that he/she has carefully prepared or read the answers to the foregoing questions: 2) that the information contained in said answers is complete and true: 3) that he/she will, as an appointee, fully support the Constitutions of the United States and the State of Florida.

Signature of Applicant-Affiant

Sworn to and subscribed before me
this ____ day of _____, 20____

Signature of Notary Public- State of Florida

(Print, type or stamp commissioned name of notary public)

My Commission Expires: _____

Personally Known () or Produced Identification ()

Type of identification produced _____